DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card" Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94 Asylee:
Asylee:
 - INS Form I-94 annotated with stamp showing admission under §208 of the INA - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)" - INS Form I-766 (Employment Authorization Document) annotated "A5" - Grant letter from the asylum office of INS - Order of an immigration judge granting asylum
Refugee:
- INS Form I-94 annotated with stamp showing admission under §207 of the INA - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3) - INS Form I-766 (Employment Authorization Document) annotated "A3" - INS Form I-571 (Refugee Travel Document)
Alien Paroled Into the U.S. for at Least One Year:
- INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of
the INA
Alien Whose Deportation or Removal Was Withheld: INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)
- INS Form I-766 (Employment Authorization Document) annotated "A10"
- Order from an immigration judge showing deportation withheld under §241 (b) (3) of the
INA
Alien Granted Conditional Entry:
- INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3) - INS Form I-766 (Employment Authorization Document) annotated "A3"
Cuban/Haitian Entrant:
INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA
Alien Who Has Been Battered or Subjected to Extreme Cruelty:
INS petition and appropriate supporting documentation
lone of Applicant
Name of Applicant
icense Number or Applicant for what type of license
i.e. Athletic Trainer, Chiropractor, Pharmacist, Veterinarian, etc.)

Please fax completed form and all supporting documents to 866/888-1308.